Under the Pepervork Reduction Act of 1895, no persons are required to respond to a collection of information unless a displays a valid OMB control number Approved for use through 1/31/2006 ONES 06510032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Apologist of god of themon Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED NUMBER EXTRA BASIC FEE RATE (1) (3) CFR 1 16/4) (6) 0 (4) FEE (1) IVA RATE (1) MIA FEE (1) SEARCHFEE NVA 150.00 (37 CFR 1 10(1), (1), or (m)) f1/A 300.00 (WA N/A EXMINATIONFEE NA \$250 · NIA (37 CFR 1 16(0), (0), or (al) . NA \$500 NIA TOTAL CLAIMS **t**VA \$100 NVA (37 OFR 1 16(1)) \$200 .πκουз 20 « X\$ 25 INDEPENDENT CLAIRS X\$50 (37 CFR 1 16(N)) O(? minus J e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheels of paper, the application size fee due i FEE is \$250 (\$125 for small entity) for each (37 OFR 1 16(6)) additional 50 cheets or traction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37, CFR 1 160) +180₌ **4360**• If the difference in column 1 is loss than zero, enter "O" in column 2. JATOT APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column.J) SMALL ENTITY CLAIMS OR OTHER THAN HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT ENDMENT WITER RATE (5) PREVIOUSLY ADDI-EXTRA AMENIBMENT RATE (1) PAID FOR ADO: TICHAL Total urcentucin FEE (1) TICKEL Minus FEE (1) X\$ 25 Independent . X\$50 Minus OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST FRESENTATION OF MULTIFLE DEPENDENT CLAIM (37 CFR 1,160) +180= +360= OR TOTAL TOTAL 337 J'OON ADO'L FEE (Column 1) (Column 2) (Column 3) CLAUS HIGHEST \mathfrak{a} REMAINING NUMBER PRESENT AFTER RATE (S) PREVIOUSLY ADOL-AMENDMENT EXTRA RATE (1) ADO: PAID FOR TICHAL Total CIT CER 1.14(1) TIONAL Minus FEE (S) FEE (3) Independent Of CFR 1.167.11 X\$ 25 Minus X\$50 OR Application Stan Fee (37 CFR 1.16(c)) X100 X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR (1.16()) +180= **⊀3**60≘ OR IATOT

" If the Highest Humber Proviously Paid For IN THIS SPACE Is less than 20, order 20".

If the Highest Humber Previously Paid For III THIS SPACE is less than 3, enter 3.

The Highest Humber Proviously Pald For (Total or Independent) is the highest number found in the exprepnate box in column 1. colocion of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the TO to process) en epplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This cosection is estimated to take 12 minutes to convide. ling gathering, preparing, and automitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments semount of terre you require to excepted this form and/or suppostions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Peters redemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, VA 22313-1450, DO NOT SELD FEES OR COMPLETED FORMS TO THIS tess. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

ADDI FEE

TOTAL

ADO'L FEE

OR

[•] If the entry in column it is loss than the entry in column 2, write 'V' in axiumn 3.